HEALTH CARE USE & POLICY STUDIES—
Health Care Research & Education

PHP47

ASSOCIATION BETWEEN HEALTH-RELATED QUALITY OF LIFE AND HEALTH SERVICE UTILIZATION AMONG PRIMARY CARE PATIENTS
Chen T, Li L
Zhejiang University, Hangzhou, China

OBJECTIVES: We aim to investigate uncontrolled associations between HRQOL and health services utilization among primary care patients in mainland China. METHODS: A retrospective cross-sectional design was carried out among patients consulting in primary care in mainland China. Health services utilization was measured by the number of monthly outpatient consultation and the annual hospitalization rate. HRQOL was measured by either electronic or paper version of the Chinese SF-36. The clustered model was adapted to calculate the independent contributions from scores of the SF-36 subscales. A total of 733 valid subjects were eventually recruited for this study. RESULTS: The score of MH has a negative association with the number of monthly outpatient consultation and its independent contribution explained within the clustered model was 7.0%, whereas both the score of GH and PF have negative associations with the annual hospitalization rate and the independent contributions from GH and PF was a total of 22.2%. CONCLUSIONS: In summary, this was the first study verifying that scores of the SF-36 subscales have negative associations with outpatient and inpatient consultation among primary care patients in mainland China.

PHP46

CATEGORISING RESEARCH: WHERE IS THE FOCUS?
Samuels E, Plessed M
Heron Evidence Development Ltd, Letchworth Garden City, UK

OBJECTIVES: The quantity of research generated is increasing yearly. It is of interest to determine the types of research being published to assess the content of the current knowledge base. Research can be categorized as randomized controlled trials (RCTs), observational studies (OS), systematic reviews (SR), or economic studies (ES). Our aim was to determine the proportion of research being conducted in these categories and to assess the relative proportions of each across time. METHODS: A citation search was conducted in Medline on 18 June 2008. Search filters for RCTs, OS, SR, and ES were implemented to provide an estimate of research conducted in these categories for the years 1950–2007. The prevalence of each type of research was calculated and changes over time were analysed using logistic regressions. RESULTS: The total probable citations retrieved were: 740 599 for RCTs, 1 217 246 for OS, 1 287 915 for SR, and 325 625 for ES. The proportion of research conducted for each of these overall was 20.7%, 34.1%, 36.1%, and 9.1%, respectively. From 1977 to 2007 there was a 12-fold increase in probable RCTs, a 15-fold increase in both probable OS and SR, and a 9-fold increase in probable ES. Logistic regression analysis showed a significant association between category and time (p < 0.0005). CONCLUSIONS: The majority of research being conducted appears to be focused on OS or reviews of the literature. In contrast, probable RCTs and ES, which are arguably the most useful and rigorous forms of research, together consist of less than one third of the research being conducted. Furthermore, the increase in this research during the previous 30 years is lower than that of OS and SR. It is possible that the focus on SR reflects the growing recognition of the importance of this literature searching technique.

PHP50

THE EFFECTS OF NICE HTA’S ON PRESCRIPTION VOLUME, AVERAGE RETAIL PRICE AND AVERAGE OUT-OF-POCKET COSTS OF DRUGS DEEMED MEDICALLY NECESSARY FOR MEDICARE PART D REIMBURSEMENT IN THE UNITED STATES
Sepulveda B, Horowicz-Mehler N, Doyle JJ
Quintiles Global Consulting, Hawthorne, NY, USA

OBJECTIVES: As Medicare Part D results in de facto centralization of buying power in the US, we hypothesized that NICE HTA’s would increasingly influence the US market. The primary objective is to determine whether major findings of Health Technology Appraisals (HTAs) by the National Institute for Clinical Excellence (NICE; UK) impacted US trends in prescription volume, retail price and out-of-pocket costs of statins and of six therapeutic classes deemed medically necessary for Medicare beneficiaries. As a point of reference, we sought to investigate the same market factors in relation to the index date of Medicare Part D introduction. METHODS: The two most prescribed statins (atorvastatin, simvastatin), anticonvulsants (clonazepam, gabapentin), antidepressants (escitalopram, fluoxetine), oral antineoplastics (capecitabine, imatinib), antipsychotics (quetiapine, risperidone), immunosuppressants (azathioprine, mycophenolate), and antiretrovirals (emtricitabine/tenofovir, ritonavir) were selected based on total prescriptions (TRx). TRx, average retail price (ARP) and average out-of-pocket costs (OPC) per prescription were collected quarterly for 2005–2008. For six related HTAs conducted by NICE and the implementation of Medicare Part D, TRx, ARP and OPC were analyzed for the same number of quarters before and after the index event. Parameters were collected using Verispan’s VONA and VOPA databases. Statistical analyses were performed using one-way ANOVA. RESULTS: From 2005 to 2008, 7 of the 14 drugs analyzed were directly or indirectly covered by a NICE HTA. Two HTAs were correlated with a significant increase in TRx,